

Introducing...

RAPID® Access

For Connectivity to Facility IT Infrastructures

Managing and viewing capsule endoscopy (CE) data in a network environment is now much more convenient—thanks to the introduction of RAPID® Access, another innovation from Given Imaging, established leaders in CE. RAPID Access enables smooth integration of PillCam® CE into a facility's medical information technology (IT) infrastructure and workflow. Actually a fully functional, software-only version of the PillCam Platform's RAPID application, RAPID Access allows easy management of all phases of CE—from patient referral, to procedure, to reviewing and reporting.

This article highlights the key features of RAPID Access; it also includes user experiences from varied practice settings in the USA and Europe that have successfully integrated RAPID Access and are enjoying the benefits of improved connectivity for CE.



RAPID Access enables

- Access to PillCam studies by multiple users from multiple locations; studies can be performed and then read conveniently in a different location
- Importing patient demographic data from the medical information system for easy Patient Check-in
- Exporting procedure reports and images to electronic medical record systems
- Use of facility network resources such as disk storage and peripherals with the RAPID application
- Support of a variety of customized workflow models to best suit the facility's needs

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- *Grand Rounds PillCam® SB 2: Jejunal Adenocarcinoma Identified After Incidental Finding of Anemia*
- *Grand Rounds PillCam® ESO 2: Surveillance of Known Esophageal Varices*
- *Grand Rounds PillCam® COLON: Serrated Adenoma in Sigmoid Colon Detected in Patient Who Refused Colonoscopy*
- *Insight From Different RAPID Access Sites on CE in a Networked Environment*
- *CE Practice Tips: Pediatric Patients – New Study Data*
Ulcerative Colitis
New Books Available
www.elmundo.es
- *Reimbursement in France*
- *JDDW Symposium on CE-DBE*

Newsflash

The only wireless, catheter-free pH test for gastroesophageal reflux disease (GERD), the Bravo® pH Monitoring System, was recently acquired by Given Imaging from Medtronic. Bravo uses a disposable capsule temporarily placed in the esophagus that measures pH levels and transmits the data to an external receiver. See Press Releases at www.givenimaging.com.

Check It Out

Looking for those interesting Crohn's disease cases we published a few years ago? The *GI insider* archives at www.givenimaging.com now has a simplified interface for quick access to all back issues and subscription to the print edition.

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ICCE News

New material is now available in print and online covering clinical data presented at International Conference on Capsule Endoscopy™ (ICCE™) scientific meetings.

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Grand Rounds

Jejunal Adenocarcinoma Identified With Incidental Finding of Anemia

by James Daveson, MBBS, FRACP

Staff Specialist Gastroenterologist, Princess Alexandra Hospital in Brisbane, Queensland, Australia



James Daveson, MBBS, FRACP

Editor's Note: The work-up and post-CE follow-up for this patient with anemia found incidentally is consistent with published algorithms on the role of early CE for anemia and management for suspected small bowel tumors detected at CE.^{1,2} This Grand Rounds case also reinforces the ICCE Consensus statements for small bowel tumors.^{3,4}

Case History

A 70-year-old female, otherwise well and living independently, presented with transient left arm weakness. She was diagnosed with a transient ischemic attack (TIA), which subsequently resolved. She was incidentally found to be anemic* with a Hgb 8 g/dL (normal range 11.5-16 g/dL). She reported 2 recent events of self-limiting overt rectal bleeding. She was not on any medications at the time of presentation.

Previous Diagnostic Procedures and Treatments

Esophagogastroduodenoscopy (EGD) and colonoscopy did not reveal a cause for her anemia. She was then referred for CE with PillCam SB 2.

PillCam® SB 2 Capsule Findings

CE performed with the PillCam SB 2 revealed a circumferential ulcerated lesion in the proximal jejunum consistent with a small bowel tumor. The PillCam image locator [Localization feature] suggested the lesion could be reached with balloon enteroscopy.

Patient Management and Follow-up

The suspected small bowel tumor seen at CE in the proximal jejunum was confirmed with balloon enteroscopy 13 days later, with tissue biopsies confirming adenocarcinoma. A triple-phase abdominal CT performed the following week [to scan for metastasized cancer] revealed a jejunal lesion with a thickened wall of up to 1.4 cm in thickness. Contrast was able to pass distally into the small bowel. There were 2 abnormal lymph nodes adjacent to the tumor, with the largest lying laterally and being 1.5 cm in diameter. No focal liver lesions were identified.

Subsequently, the patient underwent surgical excision. Findings were of a malignant tumor in the proximal jejunum with obvious pathological nodes stretching to within 1 cm of the superior mesenteric artery. She



PillCam® SB 2 After

underwent resection of her jejunum and the third and fourth parts of her duodenum with a retrocolic anastomosis of the jejunum to the second part of the duodenum. Histology revealed a moderately differentiated adenocarcinoma invading through the muscularis propria into the mesenteric fat; 2 out of 14 regional lymph nodes were involved by metastatic adenocarcinoma. She did very well post-operatively and was discharged home 6 days later. The patient has been referred to an oncologist for an opinion regarding adjuvant chemotherapy. There has been no further bleeding or anemia.

Conclusions

CE with PillCam SB 2 enabled detection of adenocarcinoma not seen at EGD or colonoscopy; it was reliable in localizing the tumor site (confirmed at balloon enteroscopy) enabling a diagnostic biopsy. This case demonstrates the potential of early CE to detect small bowel tumors, particularly in patients with anemia and with no bleeding source identified.

About the Author

Dr James Daveson is a staff specialist gastroenterologist at the Princess Alexandra Hospital in Brisbane, Queensland, Australia. His experience with CE began 2 years ago. His interests include small bowel immunology and imaging. Dr Daveson's current research (in collaboration with several other institutions) involves exploring the role of hookworm infection in celiac disease, from an immunological basis and also employing capsule endoscopy and balloon enteroscopy. Dr Daveson provides capsule endoscopy services to 1 of the 2 tertiary referral hospitals in Brisbane, as well as the region 1000 km north of Brisbane. He will visit Jichi Medical University in Japan in 2009 to further his experience with balloon enteroscopy. He is actively involved with educational training programs for trainees and regional health issues, including sitting on the Royal Australasian College of Physicians Rural Task Force.

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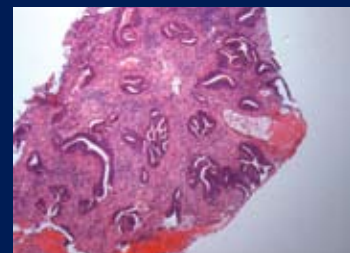
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Jejunal Adenocarcinoma After Incidental Finding of Anemia



Circumferential ulcerated lesion in proximal jejunum consistent with a small bowel tumor (note fresh blood in top images)

Histology



Post-op histology of small bowel tumor, confirming diagnosis of adenocarcinoma of the proximal jejunum (note red areas indicating hemorrhaging)



Grand Rounds

Surveillance of Known Esophageal Varices Patient Who Refused EGD Screening

by **Ira Schmelkin, MD**

Chief, Division of Gastroenterology, Berkshire Medical Center and Assistant Professor of Medicine, University of Massachusetts, Pittsfield, Massachusetts, USA



Ira Schmelkin, MD

Esophageal varices are a serious consequence of portal hypertension (PHT). In patients with cirrhosis, the incidence of varices increases 5% per year and the rate of progression from small to large varices is 5%-10% per year. Increasing size of varices is associated with increased wall tension leading to rupture and bleeding. AASLD/UK guidelines recommend endoscopic screening of patients with cirrhosis for varices and treatment of patients with medium/large varices to prevent bleeding. Recommended endoscopic screening intervals are 1-3 years, depending on presence/absence of varices and whether patient has compensated/decompensated liver disease. Endoscopic surveillance also is performed in patients after obliteration of varices. This patient population could benefit from a minimally-invasive diagnostic test that does not require sedation. Current recommendations/practices represent a potentially large endoscopic burden.

Case History

A 55-year-old female patient with portal hypertension and cirrhosis secondary to non-alcoholic fatty liver disease. At prior EGD, patient had small esophageal varices, F1 size. She refused to undergo the recommended follow-up EGD examination due to her discomfort at her prior endoscopy. Patient was offered and agreed to undergo esophageal capsule endoscopy (ECE) with PillCam ESO 2.

Previous Diagnostic Procedures and Treatments

- Her laboratory results were notable for Hgb 10 g/dL
- Additional lab results: Hct 30, Plt count 130, AST 30, ALT 10, in addition to a normal bilirubin of 1.0, normal INR of 1.0 [indicating compensated cirrhosis, with decent synthetic function]
- Liver biopsy 3 years prior to presentation revealed steatosis and cirrhosis

PillCam® ESO 2 Findings

PillCam ESO 2 visualized 3 varices, C1 size < 25% circumference; 1 is borderline C2 > 25% circumference. This was a significant change in the patient's condition from her previous examination—the patient went from F1 varices (small, non-tortuous) now to C2, with major implications for changing patient management and therapy (ie, the C2 should be treated).

Patient Management and Follow-up

Patient was started on nadolol, a non-cardioselective beta blocker. Her condition is currently stable and continued surveillance is recommended, with follow-up ECE with PillCam ESO 2 in 1–2 years.



With PillCam® ESO 2 in

Conclusions

ECE is a promising tool in the evaluation and management of patients with liver disease that is simple, easy-to-use and patient-friendly, with important applications as a screening tool. ECE offers a minimally-invasive method to screen for esophageal varices and portal hypertensive gastropathy. ECE can play an important role in evaluating and managing patients with suspected esophageal disorders that would otherwise avoid conventional methods, as in this case.

About the Author

Dr Schmelkin is Chief of the Division of Gastroenterology of the Berkshire Medical Center and Assistant Professor of Medicine, University of Massachusetts, Pittsfield, Massachusetts, USA. He has been involved in CE since 2001 and was involved in early clinical use of the initial generations of the PillCam ESO, SB, and COLON video capsules. Dr Schmelkin is a Faculty Member of the ICCE.

In "Practice Management and Quality of Life" in the GI insider (2005;3[2]:6-7) Dr Schmelkin attributes his practice utilization of PillCam capsule endoscopy with enabling him to fulfill his dream of relocating to the Berkshires Mountains from the New York City area. See GI insider archives at www.givenimaging.com/GIinsider.

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Esophageal Varices in Patient With PHT, Cirrhosis Who Refused EGD Screening



At screening with PillCam ESO 2:
3 varices C1 <25% circumference;
1 varix C2 >25% circumference



Z-line



Grand Rounds

Serrated Adenoma in Sigmoid Colon Detected in Patient Who Refused Colonoscopy

by **Juan Manuel Herrerías Gutiérrez, MD, PhD, AGAF**

Professor of Internal Medicine, Head, Gastroenterology Department, Virgen Macarena University Hospital, Seville, Spain



Juan Manuel Herrerías Gutiérrez,
MD, PhD, AGAF

This case reinforces the role of patient compliance for colonic evaluation modalities to be truly effective in improving outcomes for diseases of the colon. It demonstrates the potential of colon capsule endoscopy (CCE) with PillCam COLON as a patient-friendly, minimally-invasive alternative for visualizing colonic mucosa.

Case History

An asymptomatic 61-year-old male patient with arterial hypertension presented to our hospital with mild abdominal pain. He was referred to our facility for GI evaluation, including colonoscopy. He had no history of colonic polyps or cancer, and there was no significant family history. Patient was apprehensive and refused colonoscopy based on negative reports from acquaintances who had undergone the procedure; he requested an alternative that was less invasive and more comfortable. Patient was then offered PillCam COLON and he agreed to have this procedure.

Previous Diagnostic Procedures and Treatments

- Esophagogastroduodenoscopy (EGD) – normal
- Abdominal CT – normal
- Small bowel series – normal
- Laboratory tests:
 - No iron deficiency: Hgb was 14 g/dL
 - Acute phase reactants (C-reactive protein, orosomucoids): negative
 - Feces occult blood test (x3): negative

PillCam® COLON Capsule Findings

The PillCam COLON video capsule was normally excreted 5.5 hours after ingestion. CCE with the PillCam COLON video capsule revealed a pedunculated polyp in the sigmoid colon.

Patient Management and Follow-up

After he was informed of the CCE findings, the patient agreed to undergo colonoscopy (to confirm CCE findings), and a 15 mm polyp was resected by endoscopic polypectomy at 25 cm from the anal margin. Histological diagnosis



ected Using PillCam® COLON

was serrated adenoma. After 11 months, the patient continues to be well with no recurrence of symptoms. Per current guidelines,¹ the patient is scheduled for follow-up colonoscopy after 1 year.

Conclusions

Colon capsule endoscopy with the PillCam COLON video capsule is a safe, minimally-invasive, patient-friendly modality for visualizing colonic mucosa. This Grand Rounds demonstrates a case where colonoscopy was refused and PillCam COLON video capsule allowed a complete examination of the colon: CCE enabled detection of a pedunculated polyp in the sigmoid colon that would otherwise have gone undetected; it was reliable in localizing the site of the findings (confirmed at colonoscopy/polypectomy).

PillCam COLON findings guided therapy and improved patient management and outcomes. CCE with the PillCam COLON video capsule can provide a well-accepted modality for colon evaluation and could represent an alternative in cases of patients unwilling to undergo colonoscopy.

About the Author

Dr Herrerías Gutiérrez is Professor of Internal Medicine and Head of the Gastroenterology Department at the Virgen Macarena University Hospital in Seville, Spain. He has been involved in CE research and clinical practice since initial clinical trials in 2000. He is currently President of the Spanish Gastroenterological Commission – Health Ministry, General Secretary of the European Club for the Study of Small Intestine Disease (ECSSID), Member of the Spanish Medical Academy, an AGA Fellow, and Former President of the Spanish Society of Gastroenterology and is also active in local CE organizations. He is co-author of 2 CE atlases: the ATLAS of Crohn's Disease and the ATLAS of Capsule Endoscopy. He has also authored several papers on capsule endoscopy and the Agile patency capsule. Dr Herrerías Gutiérrez is a Faculty Member of the ICCE; at ICCE Berlin 2008 he proposed an initial algorithm for CE in evaluation of the colon.

Editor's Note: This Grand Rounds case was presented at the ICCE 1st International Workshop on Colon Capsule Endoscopy in Berlin in June 2008.

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Serrated Adenoma in Sigmoid Colon in Patient Who Refused Colonoscopy



PillCam® COLON



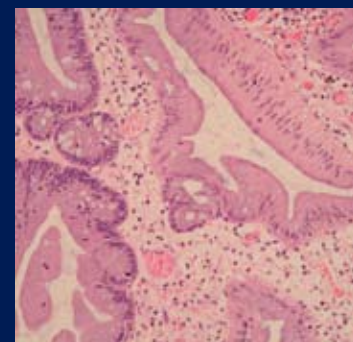
PillCam® COLON



PillCam® COLON

Pedunculated polyp in sigmoid colon

Histology



Histologic diagnosis after polypectomy: serrated adenoma



Capsule Endoscopy and Your Clinic

Insight From Different Practice Settings on CE in

Hospital Setting

Juan Andrés Ramírez Armengol, MD

Head of the Central Endoscopy Unit, Clínico San Carlos Hospital, Madrid, Spain



Drs Ramírez Armengol and Fernández using RAPID Access located in an endoscopy examination room

How was CE integrated into your IT infrastructure and throughout your hospital infrastructure with RAPID Access?

The integration process was very simple. We already had a local area network (LAN) within our Endoscopy Unit. Using RAPID Access, we just connected this LAN to our hospital's existing network infrastructure. Now the PillCam CE reports, including videos and images, are accessible online on our hospital network. So from every computer on our hospital network, we are now able to review PillCam videos and prepare our diagnostic reports. From the GI doctors' offices (see photos) we can conveniently read the reports and review cases, according to our needs. Our IT department employs strict data security and backup procedures so now, with RAPID Access, we also have easy access to archived CE data throughout our hospital network, whenever we need it.

What are the specific benefits to daily CE procedures and overall workflow?

The ability to access current and archived patient data directly from our hospital's central IT system saves patient check-in time, improves efficiency, and reduces errors. The major benefits of RAPID Access are its ease of use and the convenience of having all the PillCam videos, reports, etc, online. This all streamlines daily procedures and workflow.

How did you work with your IT department when integrating RAPID Access and what is your advice for colleagues when working with their IT departments?

From the start, we had the full support of our facility's IT department. Although they are very efficient and experienced in introducing new medical applications into our network, the system installation instructions were all they needed for a smooth integration of RAPID Access into our facility's IT infrastructure. The Given Imaging and local Intel Healthcare technical support staff were also very helpful throughout the installation stages and, to date, there have been no significant problems with the new system.

To maximize the benefits of RAPID Access, it's helpful to consider changes to improve the workflow. For example, since RAPID Access enables CE procedures from any network connection, it's helpful to fully analyze the possibility of performing different phases of PillCam procedures (ie, patient check-in, reading RAPID videos, writing CE reports) at different locations throughout the network to truly optimize the patient-staff workflow.

How will RAPID Access help expand and also improve the services you offer your patients, supporting future growth?

Having RAPID Access integrated in our hospital network is opening up new growth opportunities for our Endoscopy Unit. We are already working on using RAPID Access to enable offering PillCam CE procedures at several smaller suburban hospitals that are connected to our hospital's IT infrastructure. This will save patients from having to travel to our unit. It will also save our resources—eliminating the need to ship equipment between sites and allowing our CE specialists to review PillCam studies from their own offices here at our unit. Overall, this will improve the quality of services we provide to our patients. We are very excited about these new possibilities.



Using RAPID Access, Drs Baki and Asteiza access and review a PillCam CE report at a different location on Clínico San Carlos Hospital's network

al Practice

a Networked Environment Using RAPID Access

Large Specialty Group Setting

Scott Ketover, MD, President and Chairman

Karen Lang, Chief Information Officer (CIO)

Minnesota Gastroenterology PA, The Twin Cities area, Minnesota, USA



Courtesy of
www.mngastro.com

Minnesota Gastroenterology, PA (MNGI) in the Twin Cities area (Minneapolis-St Paul, Minnesota area in the USA) specializes in the diagnosis, treatment and preventative care of adults and children with GI conditions. One of the largest specialty groups of its kind, MNGI (pronounced “minjee”) provides a complete range of state-of-the-art GI services to patients and their referring physicians. It recently integrated RAPID Access software into its PillCam Capsule Endoscopy Program. MNGI was actually one of the original RAPID Access sites in the USA and has been using a version of this software for 2 years now.

Located in the northern Midwest, the region served by MNGI is characterized by severe weather. Besides the benefits RAPID Access offers the facility’s staff and daily workflow, it also helps make CE more accessible and convenient for MNGI’s patients, especially fragile patients such as the elderly and children.

“Software advances, such as RAPID Access, leverage our existing IT infrastructure and allow us to more easily offer the gold standard of small bowel diagnosis, PillCam capsule endoscopy, while focusing more of our time on caring for patients. In addition to the many advantages of CE in a networked environment that RAPID Access brings to our Capsule Endoscopy Program, it also makes available all of the capabilities and features offered by RAPID, the latest PillCam capsule endoscopy reading software.”

Scott Ketover, MD, President & Chairman



Karen Lang, Chief Information Officer (CIO), leads the MNGI Information Services team, which includes network services, software integration and support services. Like many IT departments within medical facilities, Lang’s team also provides electronic medical record and application development, as well as financial and clinical data mining.



“RAPID Access was implemented throughout our network at our locations all around the greater Twin Cities area in Minnesota that offer capsule endoscopy services. My team provides support and maintenance services to MNGI’s 7 locations with 450 users, 55 network servers, more than 600 devices and 30 applications. With RAPID Access we are able to manage the data and files created by the capsule endoscopy system much more efficiently. We have observed that integration into our facility’s IT system further reduces the amount of time spent on process and frees MNGI’s physicians and their staff to spend more time caring for patients.”

Karen Lang, CIO

Although their practice setting is different, Dr Ketover and Ms Lang echo Dr Ramirez Armengol’s and other users’ positive experiences with PillCam capsule endoscopy in a networked environment using RAPID Access.

To learn more about RAPID Access and other practice enhancement opportunities for CE with the PillCam Platform, please contact your Given Imaging representative.



CE Practice Tips

To learn more about these and other new studies, click Reference Library at www.CapsuleEndoscopy.org

Pediatric Patients – New Study Data

Presented at UEGW 2008 in Vienna, an 83-patient, multicenter European study aimed at determining the effectiveness of capsule endoscopy in influencing disease management in children under 8 years of age (range, 2-7 years).^{*} After a 12-hour fast, the PillCam SB video capsule was either swallowed or placed into the duodenum. Children included in the study underwent upper and lower GI endoscopy, and physicians recommended a course of treatment prior to CE. After CE evaluation, suggested changes to disease management were documented.

Following evaluation with PillCam capsule endoscopy, investigators changed the treatment and management of the disease in 60% of the children with small bowel disorders. The capsule was most effective in those children with severe recurrent abdominal pain, Crohn's disease and GI bleeding. Even in cases when a negative diagnosis was made for severe recurrent abdominal pain, the PillCam video capsule provided sufficient information to alter management in 85% (10/12) of children.

“These data suggest that the PillCam SB video capsule may be particularly helpful in the management of young children with recurrent abdominal pain,” said Annette Fritscher-Ravens, MD (UK), lead investigator. “The capsule is particularly suited to children, where previously diagnostic tools required anesthesia, were uncomfortable, or had a significant radiation burden. In contrast, the capsule is child- and parent-friendly.”

**The PillCam SB video capsule and the PillCam Platform are not cleared for use in children under 10 years of age.*



Annette Fritscher-Ravens, MD



Joseph J.Y. Sung, MD

Ulcerative Colitis

Interim results of a study by Sung et al demonstrated substantial agreement with colonoscopy in the detection of active ulcerative colitis. “Patients with ulcerative colitis may be more willing to undergo surveillance using the patient-friendly option offered by PillCam COLON,” said Joseph J.Y. Sung, MD (Hong Kong).

For more information, see the *ICCE Workshop Report* Vol. 1 (facing page).

CCE on www.elmundo.es Spanish Portal

The well-known Spanish Web portal www.elmundo.es now has an independently-developed component to inform readers about CCE with PillCam COLON. Accessible to Spanish speakers worldwide, the informative site includes basic information as well as high-quality animation and images. The direct link is <http://www.elmundo.es/elmundosalud/documentos/2008/04/capsula/capsula.html>.



Note: The CE Practice Tips of the GI insider are not intended as an instructional manual or substitute for training and experience.

PillCam COLON has received a CE Mark, but is not cleared for marketing or available for commercial distribution in the USA.

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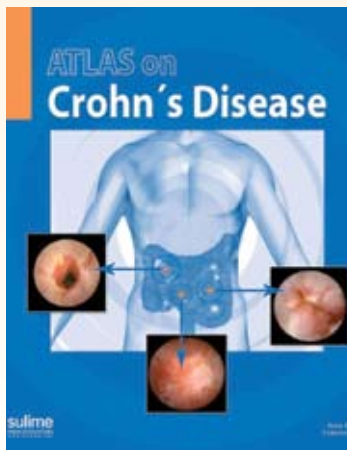
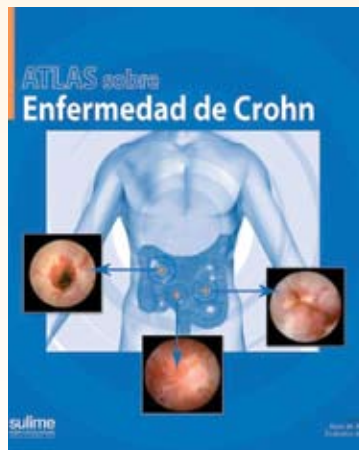
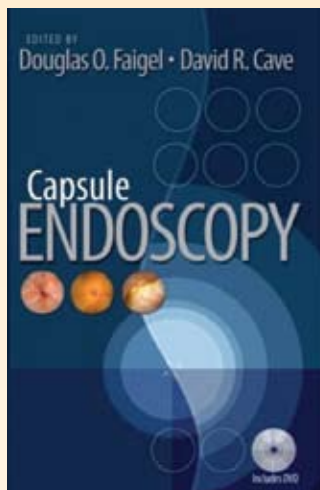
ICCE News

New Books Available for Your Growing Library on Capsule Endoscopy

The last issue of the *GI insider* reported publication of the *ATLAS of Capsule Endoscopy* (ISBN 13: 978-84-612-0293-5) by Drs Herrerías Gutiérrez and Mascarenhas-Saraiva available from www.atlasofcapsuleendoscopy.com.

Following are more recently-published books for your growing library on capsule endoscopy:

- Capsule Endoscopy**
 [hardcover book with DVD]
 Faigel DO, Cave DR.
 ISBN-13: 978-1-4160-3402-5.
 ISBN-10: 1-4160-3402-1.
 USA: Saunders;2007.
 To order, visit:
www.elsevier.com.
- ATLAS sobre Enfermedad de Crohn**
 [Spanish]
 Herrerías Gutiérrez JM,
 Argüelles F.
 ISBN: 978-84-612-5525-2.
 Spain: Sulime;2008.
 To order, e-mail:
sulime@sulime.net.
- ATLAS on Crohn's Disease**
 Herrerías Gutiérrez JM,
 Argüelles F.
 In Press Spain: Sulime;2009.



1ST INTERNATIONAL WORKSHOP ON COLON CAPSULE ENDOSCOPY
Workshop Report Vol. 1

Detecting Colonic Polyps and Cancer
 Page 2: Results and analysis of the European multicenter study of colon capsule endoscopy (CCE) with PillCam COLON

Colon Capsule Endoscopy Regimen
 Page 3: Baseline prep and procedure; overview of ongoing research

IBD and Mucosal Healing
 Page 4, 5: Assessment of colonic inflammatory lesions; histologic analysis of multicenter study on ulcerative colitis (UC) CCE and incomplete colonoscopy

Economics of CRC Screening
 Page 6: Economic modeling data on cost-effectiveness of PillCam COLON for colorectal cancer (CRC) screening compared to colonoscopy

CRC Screening and Other Indications
 Page 7: Clinical cases using colon capsule endoscopy for CRC screening and other indications complementing colonoscopy

Workflow and Practical Guidelines
 Page 8: Highlights of how CCE can fit into the workflow of a GI practice

Now in its seventh year, the International Conference on Capsule Endoscopy (ICCE™) remains the preeminent symposium for capsule endoscopy (CE). As a result of physician interest, a dedicated, interactive international workshop was held for the first time to focus on the emerging modality of colon capsule endoscopy. This publication, the ICCE Workshop Report Vol. 1, is a summary of selected presentations and scientific talks from the workshop.

The 1st ICCE Workshop on Colon Capsule Endoscopy convened in Berlin, Germany and was co-chaired by G. Costamagna (Italy) and W. Schmiegel (Germany). With joint sponsorship by Given Imaging and Fujifilm, the ICCE is still the only international congress focusing entirely on capsule endoscopy. Over 200 physicians and medical professionals from 32 countries came to this year's dedicated workshop to learn more about colon capsule endoscopy (CCE) and PillCam® COLON.

Presentations included recent scientific data on using PillCam COLON to evaluate colonic mucosa. Topics included colorectal cancer, colonic polyps, colonic inflammatory lesions and ulcerative colitis, scoring indexes for characterizing colonic mucosal damage and healing, and registries (prep and procedures) for CCE. There were lively discussions on economics and optimizing the utility of CCE in current clinical practice and potential screening applications. Several sessions also emphasized the ongoing impact of the updated ICCE Consensus, published in *Endoscopy*, and CE for the esophagus and small bowel.

Also at the Berlin meeting, ICCE Learning Center activities included hands-on demonstrations of the Given Imaging PillCam Platform's new RAPID™ software features for image-enhancement and RAPID Access for CE in a networked environment, as well as the latest techniques for double-balloon endoscopy (DBE) from Fujifilm. This year's European Capsule Endoscopy Group (EECEG) Research Grants were awarded at the Berlin meeting (see page 8).

For more information on the ICCE, visit the website www.ICCE.info for consensus material and archives of abstracts and ICCE Reports. To receive updates on ICCE events, click the Contact Us link.

*PillCam COLON has received a CE Mark, but is not cleared for marketing or available for commercial distribution in the USA.

The new 1st *ICCE Workshop Report* from the 1st International Workshop on Colon Capsule Endoscopy is now available in print and online at www.ICCE.info, which also has an archive of past publications. This publication is a new addition to the *ICCE Conference Report* series, an annual review of selected state-of-the-art talks presented at ICCE. These publications provide resources in the form of interviews, case studies, references, and summaries of ICCE Consensus statements.

Visit www.ICCE.info for these and other new resources, clinical updates, and information about ICCE scientific events.





Worldwide CE Community

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Check It Out

Now easier to access online thanks to a new interface, the archive of the *GI insider* has a wealth of clinical information on CE with the PillCam Platform. The *GI insider*, entering its 7th year in 2009, is a global publication from Given Imaging that provides in-depth coverage of capsule endoscopy news for the medical community. Favorite regular features include Grand Rounds, CE Practice Tips, and Capsule Endoscopy and Your Clinical Practice.

Visit us on the Web and bookmark our new direct link: www.givenimaging.com/Glinsider.



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Reimbursement for PillCam SB in France

Now all of France's 64 million citizens have reimbursable access to CE with PillCam SB. The French Ministry of Health concluded the reimbursement process for PillCam SB, published in the Journal Officiel, for the following indications: unexplained obscure and/or occult GI bleeding, iron deficiency anemia, and suspected Crohn's disease.



For more information on reimbursement, click Contact Us at www.givenimaging.com.

JDDW Joint CE-DBE Satellite Symposium in Tokyo



Special guest lecturer Prof H. Yamamoto, inventor of DBE



An overflow crowd of 600 packed into the joint CE-DBE satellite symposium "The PillCam Video Capsule and Double Balloon Endoscopy: How They Changed Diagnosis and Treatment for Diseases of the Small Intestine" at Japanese Digestive Disease Week (JDDW) 2008 in Tokyo. The event was sponsored by Fujinon and Given Imaging. An additional 100 physicians also waited outside the room to hear symposium chairs Profs T. Hibi and T. Matsui, special guest lecturer Prof H. Yamamoto, and lecturers Drs T. Matsuda, Y. Endo, T. Sato, and N. Omiya present the latest techniques for using CE and DBE as complementary technologies for the small bowel.

Overflow crowd at JDDW satellite symposium on PillCam CE and Fujinon's DBE

We would like to hear from you. Send your ideas and material for publication to editor@givenimaging.com.



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